

OFFICE USE ONLY

PHONE: (573) 522-0107 FAX: (573) 751-4864

EMAIL: COMMERCIALPERMITS@MDC.MO.GOV

## **Application for Commercial Game Processing Permit (CODE 670)**

All required (\*) fields must be completed or application will be returned to applicant for completion.

☐ INDIVIDUAL (If Individual, skip Section 4)	□ BUSINESS (If Business, skip Section 3)		
SECTION 2: If renewing a commercial permit, enter the pe	rmit number here. Permit #:		
SECTION 3: Individual Information (Permit will be issued in	in the individual's name \		
*County:	n are marriadar e namer,		
*Individual Name:			
Doing Business As (If applicable – provide fictitious business name registered with MO Secreta	ary of State):		
*Address:			
*City: *State:	*ZIP Code:		
If PO BOX, provide physical address:			
*Telephone:	Email:		
SECTION As Business Information (Books) (1914)	harden and harden and harden and harden and		
SECTION 4: Business Information (Permit will be issued in the and in good standing with the Missouri Secretary of State. For more in	formation go to: <u>www.sos.mo.gov</u> or call (573) 751-4936)		
	IMITED PARTNERSHIP		
	ONPROFIT CORPORATION		
*County:  *Business Name:			
Doing Business As (If applicable – provide fictitious business name registered with MO Secreta	on, of Ctotal:		
*Business Address:	ily of clate).		
*City: *State:	*ZIP Code:		
If PO BOX, provide physical address:	ZIF Code.		
*Telephone:	Email:		
*Designated Representative's Name (for all Department interaction)			
*Designated Representative's Address (if different than above):			
*City: *State:	: *ZIP Code:		
*Telephone:	Email:		
<sup>1</sup> Designated representative is an individual designated by the business as the contact person for all purposes related to the permit including regulatory compliance, records, inspections and citations. The business (permittee) is responsible for updating this information if the designated representative changes at any time.			
Permit Type	Price		
☐ Commercial Game Processing Permit (Code 670)	\$25.00		
Signature constitutes acceptance of all rules pertaining to the above permit(s) according to the Wildlife Code of Missouri.			
Applicant Signature:	Date:		
Applicant's Title (if applicable – required for business applications):			

All permits expire June 30 unless otherwise provided in the Wildlife Code of Missouri.

This is not a permit and does not entitle the applicant to operate.

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☐ Check enclosed (Made payable to: Missouri Department of Conservation)				
	by debit or credit card will amount of the purchase and	be charged an extr d the cardholder's s	ra convenience fee according to the chart statement will show the combined amount.	
	Transaction Amount	Fee Amount		
	\$0-\$50.00	\$1.25		
	\$50.01-\$75.00	\$1.75		
	\$75.01-\$100.00	\$2.15		
	\$100.01 and up	2.15%		
Credit Card Type:   Credit/Debit Card Number:	Visa	☐ MasterCard		
Expiration Date:		3-Digit Security (	Code:	
Phone Number ( <i>Required</i> ):		Signature:		
Attn: Commercia P.O. Box 180		souri Department : Commercial Per Box 180 erson City, MO 65	mits	
		(573) 751-4864 il: COMMERCIAL	PERMITS@MDC.MO.GOV	